



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

James Gregg, D.C.

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-17-2790-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 18, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr Certification Is and Was Valid At Time of Exam"

Amount in Dispute: \$950.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOB(s) and the reduction rationale(s) stated therein."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 24, 2016	Designated Doctor Examination	\$950.00	\$950.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement and impairment rating.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service
 - W3

Issues

1. Is Zurich American Insurance Company's reason for denial of payment supported?
2. Is James Gregg, D.C. entitled to additional reimbursement?

Findings

1. Dr. Gregg is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on October 24, 2016. Zurich American Insurance Company (Zurich) denied the disputed services with claim adjustment reason code B7 – "This provider was not certified/eligible to be paid for this procedure/service on this date of service."

28 Texas Administrative Code §134.250(2) states, "A health care provider shall only bill and be reimbursed for an MMI/IR examination if the doctor performing the evaluation (i.e., the examining doctor) is an authorized doctor in accordance with the Labor Code and Chapter 130 of this title." Review of the available information finds that Dr. Gregg was certified to act as a designated doctor and to perform examinations to determine maximum medical improvement and impairment rating in accordance with 28 Texas Administrative Code §130.1(a)(1).

The division concludes that Zurich's denial of payment for the disputed services is not supported.

2. Per 28 Texas Administrative Code §134.250(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that Dr. Gregg performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Per 28 Texas Administrative Code §134.250(4),

The following applies for billing and reimbursement of an IR evaluation ...

(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

(I) spine and pelvis;

(II) upper extremities and hands; and,

(III) lower extremities (including feet).

(ii) The MAR for musculoskeletal body areas shall be as follows...

(II) If full physical evaluation, with range of motion, is performed:

(-a-) \$300 for the first musculoskeletal body area.

(-b-) \$150 for each additional musculoskeletal body area.

The submitted documentation indicates that Dr. Gregg provided an impairment rating and performed a full physical evaluation with range of motion for the spine, lower extremities, and upper extremities. Therefore, the MAR for this examination is \$600.00.

The total MAR for the disputed services is \$950.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$950.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$950.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

July 7, 2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.